

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 17 AM 8: 34

2. The complete street and mailing addresses of the initial designated/principal office: 571 Highland ave. Twin Falls, Idahs (33c) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 6. The name and address of at least one member or manager of the limited liability company: 6. Mailing address for future correspondence (annual report notices): 6. Future effective date of filing (optional): Signature of organizer(s), (An organizer is a member, or is acting in behalf of a member or members). Signature Later Liability Typed Name Signature Later Liability Signature Later La	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated/principal office: 571 Highland ave. Ywin Falls, Tdahs \$330/ (Nailing Address, It different then street address) 3. The name and complete street address of the registered agent: 6. Future effective date of filing (optional): Signature Address for a member or member, or is acting in behalf of a member or member. Signature Address for state and address of a member, or is acting in behalf of a member or members). Signature Address for future correspondence (annual report notices):	Chore's & More	eILC	- IL OF IDAHO
(Street Address, if different than street address) 3. The name and complete street address of the registered agent: Street Address, if different than street address of the registered agent:	2. The complete street and	mailing addresses of the initia	l designated/principal office:
3. The name and complete street address of the registered agent: Street Address	571 Highland av	e. Twin Falls, I	dahs 8330/
4. The name and address of at least one member or manager of the limited liability company: Name Address Nicole Rearce 551 2nd ave. So. Toin Falls 571 Nighland ave. Twin Falls, Take 8330/ 6. Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Signature Falls Secretary of State use only Signature Falls Signat	(Mailing Address, If different than	street address)	
4. The name and address of at least one member or manager of the limited liability company: Name Address SELSTANDAYE, So. TrainFalls 5. Mailing address for future correspondence (annual report notices): 57) High land ane. Twin Falls, Tolaho 8330/ 6. Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Signature Fally Shally Typed Name: Fally Shally	3. The name and complete	e street address of the register	ed agent:
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Name SEI DND QUE. So. TWIN Falls SEI DND QUE. SO. TWIN F	KAthy Shock of	57/A/Q/ (Street Address)	land avetwinfells
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Signature / / / / / / / / / / / / / / / / / / /	Signature Michele ff	Dave Commerced of the Property	03/17/2010 05:00 CK: 2731 CT: 246038 BH: 121318